



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-B

Personal Injury Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: ☐ On behalf of myself.

☒ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to
the claimant:

Claimant Information

*Last Name: Benbow

*First Name: James

Address: 180 Troy Avenue

Address 2:

City: Brooklyn

State: NEW YORK

Zip Code: 11213

Country: USA

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:
(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

*Email Address:

*Retype Email
Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name: Kenneth J. Montgomery, PLLC

Firm or First Name:

Address: 198A Rogers Avenue

Address 2:

City: Brooklyn

State: NEW YORK

Zip Code: 11225

Tax ID: 45-459898

Phone #: 7184039261

*Email Address: info@kjmontgomerylaw.com

*Retype Email
Address: info@kjmontgomerylaw.com

The time and place where the claim arose

*Date of Incident: 03/07/2015 *Format: MM/DD/YYYY*

Time of Incident: 12:53 AM *Format: HH:MM AM/PM*

*Location of Incident: In the vicinity of 180 Nassau Street in the county of Kings and State of New York in and around the area of Bridge Street.

Address: 180 Nassau Street

Address 2:

City: Brooklyn

State: NEW YORK

Borough: BROOKLYN (KINGS)

* Denotes required fields. A Claimant OR an Attorney Email Address is required.

EXHIBIT

11



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

**The items of
damage or injuries
claimed are
(include dollar
amounts):**

Severe physical injuries, conscious pain and suffering, future pain and suffering, mental and emotional injuries, loss of liberty, loss and/or deprivation of civil rights, fear, humiliation, medical expenses, loss of earnings and earning capacity. Claimant has suffered losses in excess of twenty-five million dollars (\$25,000,000.00).



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle**Owner of vehicle claimant was traveling in**

Last Name:

First Name:

Address

Address 2:

City:

State:

NEW YORK

Zip Code:

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

NEW YORK

Zip Code:

Insurance Information

Insurance Company

Name:

Address

Address 2:

City:

State:

NEW YORK

Zip Code:

Policy #:

Phone #:

Non-City vehicle informationMake, Model, Year
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last
Name:City Driver First
Name:**Description of
claimant:**☐ Driver☐ Passenger☐ Pedestrian☐ Bicyclist☐ Motorcyclist☐ Other**Total Amount
Claimed:**

\$25,000,000.00

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following
required fields are entered:

Claimant Last Name

Claimant First Name

Claimant Email or Attorney Email

Date of Incident

Location of Incident

Manner in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful
making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.